Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTE ON A RARE CONDITION OF THE OMENTUM.

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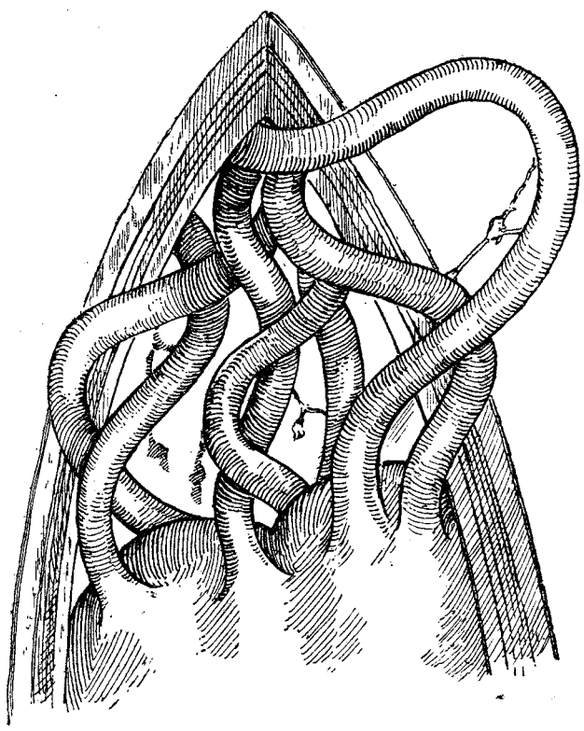
AT an operation for the removal of a solid pelvic tumour performed on May 5th of this year a condition of the omentum was found which I have endeavoured to show in the accompanying sketch, life-size. On completion of the parietal incision, which was carried above the umbilicus, there protruded coils of vessels which exactly, in colour and size, resembled fat, well-developed earthworms. They were hard, tense, and glistening, and looked so like worms that for a moment I was nonplussed, nor could my experienced assistant, Mr. Swain, or Dr. Michell Clarke, under whose care the patient was, suggest what they were. Prolongation of the incision upwards and a more close examination at once showed that they were the vessels of



the omentum. Here and there small tags of areolar tissue containing a little fat could be found on the vessels; but the whole omentum was transformed into a network of large vessels without any fat. A good many of the vessels were closely adherent to the tumour, these were tied in a bunch and divided. The rest of the omentum was left intact. The whole surface of the tumour was very vascular, and could not be handled without causing free bleeding. In spite of rapid delivery and the free use of large pressure forceps a great quantity of blood was lost before any tissue was divided. The bladder was embedded in the tumour, and its adhesions were more vascular than I have ever seen. The patient, a lady aged forty, had suffered severe pains for several years during the growth of the tumour, and was very thin. She made an excellent recovery. The exact nature of the growth has not been made out, probably it will turn out to be a myoma with sarcomatous elements.

Bristol.

FRACTURE OF THE CORONOID PROCESS.

BY R. S. CHARSLEY, L.R.C.P. LOND., M.R.C.S. ENG.

A GIRL aged twenty was thrown out of a dog-cart through the wheel coming in contact with a large stone at the corner of a street. I saw her an hour after the accident. She told me she had stretched out her arm to save herself and had fallen with all her weight on her hand. I found the right hand bruised and cut by the stones. The right elbow was very painful and I was for some time puzzled to account for the pain, all the bony prominences being uninjured and in place, the radius rotating freely, and the movements of the elbow joint being perfect, although accompanied by much pain. Pain was also produced by pressure on the head of the radius. I found, however, that when I grasped the lower end of the humerus in one hand and the forearm in the other, the latter being brought to a right angle with the former, a very slight amount of backward pressure produced a backward dislocation of the joint, the olecranon projecting considerably behind the humerus, and that when the pressure was reversed the joint slipped back into its place with the greatest ease. This proceeding I repeated once or twice, the dislocation being produced and reduced without the least difficulty. I placed a small roll of wool in the bend of the joint and secured it with a bandage round the joint and then put the arm in plaster of Paris with the elbow flexed till the bandage became fairly tight. In three weeks I commenced passive movement and obtained in the end a completely satisfactory result. I cannot account for these symptoms except by supposing that the coronoid process had become separated from the ulna by the fall on the outstretched hand. The great rarity of the accident makes the case worth recording.

Slough.

A CASE OF RAYNAUD'S DISEASE.

BY BRIGADE-SURGEON-LIEUTENANT-COLONEL E. J. FAIRLAND,
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A MAN aged twenty-five was admitted to the Royal Victoria Hospital, Netley, on Jan. 19th, 1895. He was invalided from Hong-Kong for malarial cachexia. He had served in China for three years, enjoying fairly good health except for frequent attacks of ague, accompanied by coldness and numbness of his extremities. On the voyage home a bluish discolouration of the lobe of the left ear was noticed, and his hands and feet became benumbed and very painful. On admission he was in a very cachetic state; the hands and feet were in a condition of extreme venous engorgement, œdematous, and of a purplish colour. This cyanosis implicated especially the toes and forepart of the right foot, the index and middle fingers of the left hand. The point of the nose, the lobe of the left ear, the left thumb and left great toe also became cyanosed; and at times the right ear was similarly affected. The discolouration of the ears and nose was of a recurrent character, frequently disappearing altogether. Anæsthesia existed in the affected parts, and for some distance above them. At first, however, intense pain was felt in the regions above the cyanosed parts. Gradually the œdema subsided, the livid marbling of the surface disappeared, and early in February half of the right foot, the plantar surface of the left great toe, and the index and middle fingers of the left hand became mummified, shrivelled, and black. A line of demarcation formed above the gangrened portion of the right foot, accompanied by a fœtid discharge; but Nature made no effort elsewhere to throw off the diseased parts. Throughout the attack the pulse remained small and feeble; the temperature ranged between 97° and 101°F. The spleen was enlarged and tender. The other organs were normal. The urine was non-albuminous. On April 13th Surgeon-Colonel W. F. Stevenson removed the right foot (Syme's amputation) and the diseased fingers. The patient made an excellent recovery. Exposure at sea was the direct cause of the attack. Ague is a recognised factor in its etiology, and the patient's constitutional tendency to a stasis of the peripheral circulation was increased by his cachectic condition, which produced the lowered tissue vitality essential to the disease. Raynaud's three stages of local syncope, local asphyxia, and symmetrical gangrene were well marked; the case was characteristic in its etiology, progress, and result. The treatment was based on the symptoms—opium to relieve pain, and quinine and generous diet to remove the cachexia. The case was under the care of Surgeon-Lieutenant-Colonel H. H. Stokes, A.M.S.

Netley.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Procemium.

HOSPITAL FOR SICK CHILDREN, GREAT ORMOND-STREET.

OTORRHŒA; LATERAL SINUS THROMBOSIS; OPERATION; RECOVERY.

(Under the care of Mr. BERNARD PITTS.)

THIS is another instance of successful operation for septic thrombosis of the lateral sinus due to disease of the middle ear. As time goes on the great importance of the symptoms of this condition will be recognised, and we may hope that the patient will be sent up for operation at an earlier date rather than when his state is almost desperate. It is a subject for surprise as well as congratulation that this patient recovered. The symptoms of septic thrombosis of the lateral sinus are generally well known, but vary to some extent in different cases. The occurrence of pain over the mastoid process, vomiting, rigors, high and irregular temperatures, and the history of a chronic discharge from the ear should always make the medical attendant suspect the presence of a septic thrombosis of the sinus. In this case there appears to have been no swelling or tenderness along the course of the internal jugular vein in the neck, a symptom rightly regarded as a very important one, and we note the presence of internal strabismus. This was probably of old standing and not due to any meningeal inflammation of recent origin. We think, however, that a statement with regard to this would have been advisable as great difficulty is sometimes experienced in diagnosing an obscure case of thrombosis from one of tuberculous meningitis, and the presence of a recent strabismus is regarded as a strong argument in favour of the latter. The formation of deep abscess in the neck after operation takes place usually in one of two ways, either as the result of the escape of the pus of a suppurating thrombus through the wall of the portion of vein between the ligature in the neck and the lateral sinus or by the spread of pus along the surface of the internal jugular vein in those cases where it had previously formed in the sulcus lateralis. For the notes of this case we are indebted to Mr. Gerald Baldwin, surgical registrar.

A boy aged nine was admitted into the Hospital for Sick Children, Great Ormond-street, on March 23rd of this year. There was a history of twelve months' offensive discharge from the right ear. He had been treated for eight weeks at a special hospital and the discharge had ceased; but on March 14th he complained of intense ear-ache and frontal pain. On the 22nd the discharge from his ear began again after the application of poultices over the mastoid bone. On the morning of the 23rd he became delirious. When admitted he was very ill, with the temperature 103° F., the pulse 140, and the respiration 40. He complained of frontal headache, with pain and tenderness behind the right ear. Over the right mastoid process fluctuation was felt. Internal strabismus was noted in the left eye, and the ophthalmoscope showed blurring of the left optic disc with enlargement and tortuosity of the retinal vessels. The right disc was normal. Mr. Pitts saw the case in the afternoon and decided on immediate operation. An incision behind the right ear set free a small quantity of pus. The mastoid antrum was opened with a gouge and was scraped out together with the tympanum. Finally, the lateral sinus was freely exposed. After this had been done some very offensive pus oozed out from behind the sinus. Puncture of the sinus with a tenotomy knife revealed the presence of purulent clot in its interior. This was removed after incision. The immediate effect of the operation was a fall of temperature to 99°, but next morning the glass registered 104°. On the 25th Mr. Pitts tied the internal jugular vein at the level of the cricoid cartilage, the vessel being collapsed and empty. Even after this progress towards recovery was very slow and broken by rigors on four occasions, with high temperatures reaching at one time 106°. Two large and deep-seated abscesses formed in the neck, one around the internal jugular vein, the result of septic phlebitis, and the other below the right mastoid process, due to direct infection. These required incisions and drainage. The general treatment adopted was mainly dietetic and stimulant, the boy being encouraged to eat what he most fancied. All the wounds healed satisfactorily, though slowly, and he was allowed out of bed on May 17th, and sent to the convalescent home on June 3rd. He was then perfectly well, though naturally weak after so severe an illness. There was a slight discharge from the right ear and from the mastoid wound. The temperature had remained normal for four weeks. Both eyes were normal.

Remarks by Mr. BALDWIN.—The successful result of this case shows how hopeful we may be of success in lateral thrombosis provided the treatment be sufficiently thorough. At one time the patient's chance of recovery appeared to be very slight, but by energetic surgical treatment, with stimulation and good nursing, his life was saved. The condition of the patient when admitted, together with the rigors and remittent temperature persisting after operation, appear to show that even before admission he had absorbed a considerable quantity of the septic products into the general system, and his recovery is therefore all the more satisfactory.

Reviews and Notices of Books.

A System of Surgery. Edited by FREDERICK TREVES, F.R.C.S., Surgeon to the London Hospital. Vol. I. With two coloured plates and 463 illustrations. London, Paris, and Melbourne: Cassell and Company, Limited. 1895.

[SECOND NOTICE.]

THE articles on Injuries of Bloodvessels, Diseases of Bloodvessels, and Aneurysms are written by Mr. Pearce Gould. They are noticeable for the systematic plan on which the subjects are dealt with, as well as for the scientific spirit that pervades them. The important matter of Hæmorrhage and its arrest is discussed in a manner that is worthy of attention, showing that the author has bestowed much thought upon it. Thus, he defines secondary hæmorrhage as "bleeding arising from failure in the repair of an injured or ligatured vessel, or from ulceration into a vessel," a definition which embraces all the multifarious causes that may give rise to this variety of hæmorrhage. Then, by expanding this definition, he points out that the causes of secondary hæmorrhage can be referred to one of two conditions—viz., "(*a*) when the lumen of a vessel is opened up by ulceration of its walls (septic arteritis), and (*b*) when the pressure of the blood within it ruptures a healing artery before a strong resisting cicatrix has been formed." It is interesting to observe how either one or other of these conditions, or occasionally a combination of them, contributes to an accident which is far less common than it used to be. Amongst the several topics treated under the head of Diseases of Bloodvessels especial mention may be made of the section dealing with atheroma, phlebitis, and varicose veins. In the surgical treatment of the last-named preference is unhesitatingly given to *excision*, which in most cases is absolutely curative, no fresh development of varicose veins arising, a fact held to prove that varix does not depend alone upon over-distension. In those cases in which new varices do appear after operation, an explanation is to be found in the nature of the particular case, showing that the pathological tendency is still operative. The article on Aneurysm is well-planned and exact. We observe that Mr. Pearce Gould is careful to limit the phrase "cure" in relation to aneurysm to the condition of "organisation" of the clot, which can only be obtained by obliteration of the artery. The diagnosis of aneurysm, and in particular the question of treatment, are discussed with a fulness of detail which renders the article